



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

Course Name

Nominations due May 21, 2012

Minimum number of students: 15

Maximum number of students: 30

Course Description:

This is an instructor-led course intended to be presented at the local level. The course lessons provide introduction to the function, maintenance and use of internal combustion engine powered chain saws, and their tactical wildland fire application. Field exercises support entry level training for firefighters with little or no previous experience in operating a chainsaw, providing hands-on cutting experience in surroundings similar to fireline situations.

Objectives:

- List, define, and apply chain saw safety standards as required by OSHA and NWCG member agency manuals, handbooks and directives.
- Incorporate the approved use, maintenance, and function of personal protective equipment (PPE) in wildland fire chain saw applications.
- Identify basic chain saw parts nomenclature, maintenance, tuning, troubleshooting, and safety features.
- Demonstrate field maintenance tasks required for chain saw operation.
- Demonstrate the tactical application of chain saws in brushing, limbing, bucking, and falling for fireline construction and mop up operations.

DATES OF CLASSES: June 7th-8th

PREREQUISITES: Qualified as a firefighter type 2 (FFT2).

TARGET GROUP:

Individuals desiring to be qualified as firefighter type 1 (FFT1), incident commander type 5 (ICT5) or felling boss (FELB).

LOCATION: Community College, Colville Wa.

LEAD INSTRUCTOR: Dean Kiefer

COURSE COORDINATOR: Dean Kiefer

e-mail registrations to:

Dean Kiefer, drkiefer@fs.fed.us



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Course Number S-212		Course Name WILDLAND FIRE CHAIN SAWS				PRIORITY ____ of ____	
IQCS Session Number		Course Location COLVILLE WASHINGTON				Course Date(s) JUNE 7TH-8TH	
Course Tuition (if required) NONE		Course Coordinator Name (First Last) Dean Kiefer				Course Coordinator Phone Number 509-447-7300	
Course Coordinator E-Mail drkiefer@fs.fed.us		Course Coordinator FAX Number 509-447-7301				Date Submitted	
Employee's IQCS ID Number:							
Nominee's Name (First MI Last)							
Working Job Title						E-Mail	
Agency Name						Fax	
Home Unit		Nominee's Mailing Address (if different)					
Street				Street			
City				State			
City				City			
Zip				Telephone			
Zip				Telephone			
List training completed and dates pertinent to this course:							
List your past qualifications pertinent to this course:							
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)							
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)							
Remarks:							